WOMEN'S HEALTH LA

County of Los Angeles Public Health

AUGUST 2017

Health Insurance Coverage and Access to Care Among Women

Introduction

Health insurance coverage and access to care positively impact all domains of health. In fact, uninsured persons are less likely to obtain medical care, more likely to die early, and more likely to have poor health status.[1] For women, having access to health care services is important given their unique health needs. Health care services that are important in supporting women's health include preventive screenings such as mammograms and Pap tests, prescription contraception, sexually transmitted infection counseling and testing, pregnancy-related screenings and tests, and well-woman visits.[2]

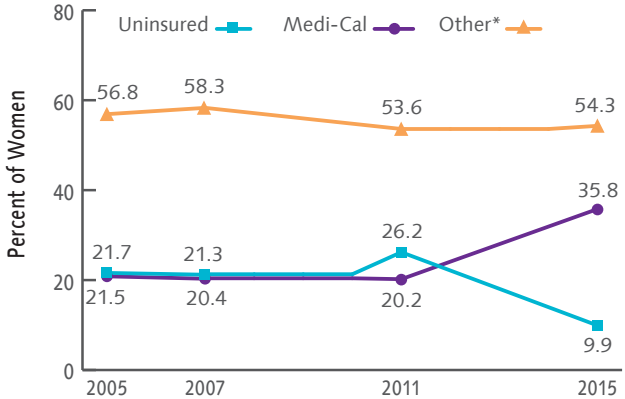
Provisions in the Patient Protection and Affordable Care Act (ACA) guarantee a comprehensive range of health care services for women. The ACA began covering individuals in 2014 in many states through the Health Insurance Marketplaces, and has had a significant impact on expanding insurance coverage nationwide and locally.[3] As a result of the ACA, the percent of women ages 18 to 64 years without health insurance in the United States decreased from 16% in 2010 to 12% in 2014.[4] Covered California, the insurance marketplace for California residents, began providing a choice of coverage options with subsidies to adults with incomes 138% to 400% of the federal poverty level (FPL), while Medi-Cal expansion covered adults with incomes up to 138% of FPL. This most likely has been the reason that the percent of uninsured women ages 18 to 64 years in California has been cut in half, from 18% in 2011 to 9% in 2015.[5]

The ACA's Medi-Cal expansion has had a similar effect in Los Angeles County.[6] This brief examines data from four cycles of the Los Angeles County Health Survey, from 2005 to 2015, to understand trends and disparities in health insurance coverage and access to care (in particular, difficulty accessing medical care and not having a regular source of care) among women in Los Angeles County before and after implementation of the ACA.

Health Insurance Coverage Among Women Ages 18-64 Years[7]

- Among women ages 18-64 years, the percent of uninsured was above 20% between 2005 and 2011, and then decreased from its peak of 26% in 2011 to 10% in 2015 (Figure 1).
- The percent of women covered by Medi-Cal was relatively stable from 2005 to 2011 and then increased from 20% in 2011 to 36% in 2015.
- The percent of women covered by other insurance types, the majority of which is private insurance, remained essentially unchanged from 2005 to 2015.
- From 2011 to 2015, Latinas experienced the largest decrease in the percent of uninsured, followed by black, Asian and white women (Table 1).
- In 2015, Latinas remained the group with the highest percent of uninsured women at 14%.
- Women living in poverty (less than 100% of the federal poverty level) had the largest decrease in percent of uninsured, from 44% in 2011 to 14% in 2015.
- Although decreases in the percent of uninsured women from 2011 to 2015 were noted among all education categories, the percent of uninsured women remained higher among women with a less than high school education or those who have completed high school compared to women with a college degree or higher.

FIGURE 1 Health Insurance Coverage Among Women (18-64 years), 2005-2015[7]



* *Other includes Private, Medicare, or insurance purchased through Covered CA*

- The Metro and East Service Planning Areas (SPAs) experienced the largest decreases in the percent of uninsured women from 2011 to 2015. However, the Metro and South SPAs continued to have the highest proportion of uninsured women.

TABLE 1 Percent of Uninsured Women (18 – 64 years), 2011, 2015[7]

		2011			2015		
		Percent	95% CI	Estimated #	Percent	95% CI	Estimated #
	LOS ANGELES COUNTY	28.5%	26.8 – 30.1	1,731,000	11.7%	10.5 – 12.9	750,000
	GENDER						
	Male	30.8%	28.2 – 33.3	925,000	13.5%	11.5 – 15.5	430,000
	Female	26.2%	24.2 – 28.2	807,000	9.9%	8.4 – 11.4	321,000
	WOMEN						
AGE GROUP	18-39	31.5%	28.1 – 34.9	484,000	11.4%	9.0 –13.7	181,000
AGE GROUP	40-64	20.9%	18.7 – 23.2	322,000	8.5%	6.6 – 10.4	139,000
RACE/ ETHNICITY	Asian	17.0%	11.7 – 22.2	72,000	8.4%	4.5 – 12.4	40,000
RACE/ ETHNICITY	Black	12.4%	7.7 – 17.1	38,000	3.4%*	1.2 – 5.7	11,000
RACE/ ETHNICITY	Latina	41.1%	37.8 – 44.3	596,000	14.1%	11.5 – 16.6	226,000
RACE/ ETHNICITY	White	11.2%	8.3 – 14.1	96,000	5.3%	3.4 – 7.1	44,000
FEDERAL POVERTY LEVEL	0-99% FPL	44.4%	40.0 – 48.9	392,000	13.5%	10.3 – 16.7	121,000
FEDERAL POVERTY LEVEL	100%-199% FPL	34.7%	30.1 – 39.4	251,000	14.3%	10.7 – 17.9	121,000
FEDERAL POVERTY LEVEL	200%-299% FPL	20.7%	15.9 – 25.5	77,000	12.6%	7.9 – 17.3	48,000
FEDERAL POVERTY LEVEL	300% or above FPL	7.9%	5.8 – 10.0	87,000	2.7%	1.5 – 3.9	30,000
EDUCATION	Less than high school	43.8%	39.2 – 48.5	347,000	18.3%	14.2 – 22.5	145,000
EDUCATION	High school	31.5%	26.4 – 36.6	190,000	12.5%	8.6 – 16.4	80,000
EDUCATION	Some college / trade school	20.0%	16.2 – 23.9	169,000	5.6%	3.7 – 7.4	55,000
EDUCATION	College	14.8%	11.3 – 18.3	75,000	5.2%	3.2 – 7.3	26,000
EDUCATION	Post graduate degree	6.0%	3.3 – 8.7	18,000	4.6%*	1.8 – 7.5	14,000
SERVICE PLANNING AREA	Antelope Valley	15.5%	9.2 – 21.9	18,000	9.5%*	3.7 – 15.4	12,000
SERVICE PLANNING AREA	San Fernando	26.7%	22.3 – 31.2	179,000	8.4%	5.5 – 11.2	59,000
SERVICE PLANNING AREA	San Gabriel	22.5%	17.9 – 27.1	123,000	11.4%	7.7 – 15.2	66,000
SERVICE PLANNING AREA	Metro	36.1%	29.8 – 42.4	128,000	14.0%	8.8 – 19.2	51,000
SERVICE PLANNING AREA	West	15.2%*	6.8 – 23.6	33,000	2.5%*	0.2 – 4.8	6,000
SERVICE PLANNING AREA	South	34.1%	27.9 – 40.3	102,000	15.3%	9.9 – 20.7	50,000
SERVICE PLANNING AREA	East	29.5%	23.6 – 35.4	116,000	8.5%	4.7 – 12.2	35,000
SERVICE PLANNING AREA	South Bay	22.3%	17.3 – 27.2	108,000	8.5%	4.3 – 12.6	43,000

* *Estimate is statistically unstable; CI – Confidence Interval*

Difficulty Accessing Medical Care and No Regular Source of Care Among Women Ages 18+ Years[7]

- The percent of women ages 18+ years who reported having difficulty accessing medical care decreased from 31% in 2005 to 24% in 2015 (Figure 2).
- The largest decreases in difficulty accessing medical care were among Latinas (44% in 2011 to 30% in 2015), and black women (26% in 2011 to 18% in 2015). Latinas remain the group with the highest percent of difficulty accessing medical care (Figure 3).
- There were minimal changes for Asian women and white women reporting difficulty accessing medical care.
- Although a lower percent of women reported having difficulty accessing medical care, the percent of women who reported not having a regular source of care essentially stayed the same, going from 17% in 2011 to 16% in 2015.

- The percent of Latinas reporting not having a regular source of care decreased from 22% in 2011 to 18% in 2015. For Asian, black and white women, there was virtually no change.
- In 2015, over 40% of women living in poverty (<100% FPL) reported difficulty accessing care and 24% reported not having a regular source of care, which is much higher than for women with higher household incomes (Figure 4).
- In 2015, 42% of women with a less than high school education reported difficulty accessing medical care compared to 27% of women with a high school education and 12% of women with a college or postgraduate degree.
- In 2015, only 82% of women with a high school education reported having a regular source of care compared to 88% of women with a college or postgraduate degree.

FIGURE 2 Percent of Women Who Report Difficulty Accessing Medical Care and No Regular Source of Care, 2005-2015[7]

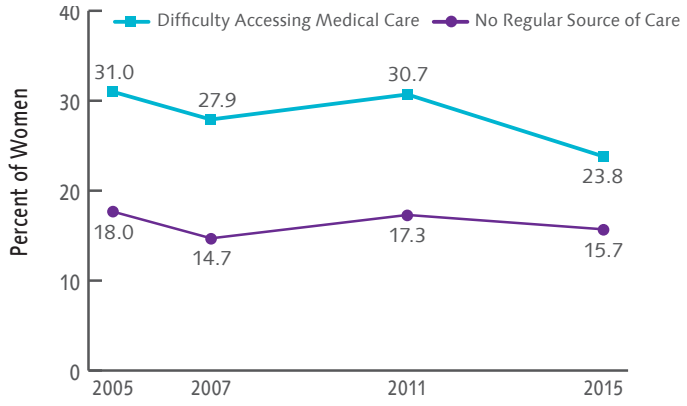
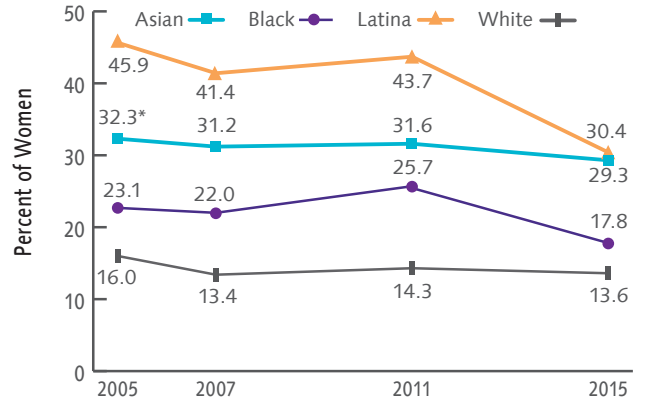
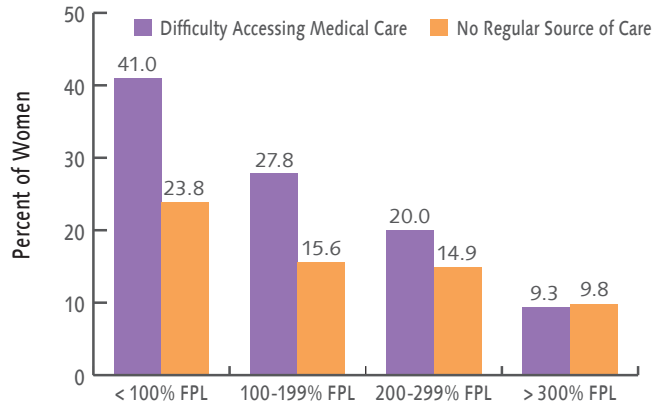


FIGURE 3 Percent of Women Who Report Difficulty Accessing Medical Care in LA County by Race/Ethnicity, 2005-2015[7]



* *Data includes Native Hawaiian and Other Pacific Islanders, not just Asian women alone.*

FIGURE 4 Percent of Women Who Report Difficulty Accessing Medical Care and No Regular Source of Care, by Federal Poverty Level, 2015[7]



Conclusion and Recommendations

Health insurance coverage for women ages 18 to 64 years in LA County improved substantially between 2011 and 2015, resulting in an estimated 639,000 newly insured women. Over 80% of newly insured women gained coverage through Medi-Cal, demonstrating the significant impact of Medi-Cal expansion. Latinas, in particular, have experienced significant gains in insurance coverage, although they remain the group with the highest percent of uninsured. In addition, disparities in health insurance coverage decreased by race/ethnicity, poverty level, education level and SPA. This reduction in disparities is also likely attributable to Medi-Cal expansion, which increased health insurance coverage for the most vulnerable.

In line with the advances seen in health insurance coverage, the proportion of women who reported difficulty in accessing medical care decreased during this period, with Latinas and black women experiencing the largest declines. In contrast, the percent of women lacking a regular source of care, a key indicator of health care access, did not change from 2011 to 2015. To address the lag in access to health care despite gains in insurance coverage, it is necessary to identify the systemic barriers uninsured women face in accessing care, and to assist them in overcoming these barriers and establishing a regular source of care (e.g., primary care provider).

Ongoing implementation of ACA should further decrease the percent of uninsured women and help eliminate the health care access disparities that remain. Specifically, the gains in insurance coverage that occurred through the Medi-Cal expansion, which now provides insurance coverage to 3.7 million low-income Californians who were previously uninsured,[5] needs to be protected since having insurance impacts the health of the most vulnerable populations. Any efforts to repeal the ACA that could reverse Medi-Cal expansion would have severe consequences. Given the potential negative impact that a loss of coverage could have on women's health, efforts should be made to preserve and improve the existing health insurance coverage level and scope of services under the ACA and Medi-Cal expansion. In addition, innovative funding and coverage solutions will be needed to extend coverage to those currently ineligible under the ACA and to continue increasing health care access for women in LA County. ■

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